## 39890

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cil	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
<sub>suвјест:</sub> George Hunt, Inc.	
(Name of Corporation	on)
DOCUMENT NUMBER: 398996	
The enclosed Resignation of Registered Agent for a Corpora	tion and fee are submitted for filing.
Please return all correspondence concerning this matter to th	e following:
Kim Stanfield	
(Name of Person)	
The Hogan Law Firm	
(Name of Firm/Company)	
20 So. Broad Street	,
(Address)	
Brooksville, FL 34601	1
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Kim Stanfield at (352	799-8423 & Daytime Telephone Number)
(Name of Person) (Area Code	& Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617	.1509,
Florida Statutes, the undersigned, Thomas S. Hogan, Jr.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for George Hunt, Inc.	
(Name of Corporation)	
398996	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	wn address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which
15than	
ature of Resigning Agent)	
If signing on behalf of an entity:	
Thomas S. Hogan, JR. (Typed or Printed Name)	
(Typed or Printed Name)	-2.1 -2.1
	# E 31
	. 32
(Capacity)	1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

## Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314